

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

ADDRESS (number and street) PO BOX 183370

Check if different than previously reported. (ACC) SHELBY TOWNSHIP MI 48318 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00488155

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☒ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

04 01 2014 06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Springer

Signature of Treasurer Richard Springer [Electronically Filed] Date 07 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		18919.41
(b) Cash on Hand at Beginning of Reporting Period.....	21479.13	
(c) Total Receipts (from Line 19)	1000.00	8500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22479.13	27419.41
7. Total Disbursements (from Line 31)	2735.71	7675.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19743.42	19743.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

5000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

5000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1000.00

3500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1000.00

8500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1000.00

8500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1000.00

8500.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1990.71	5930.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1990.71	5930.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	745.00	1745.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2735.71	7675.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2735.71	7675.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1000.00	8500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	8500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1990.71	5930.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1990.71	5930.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Full Name (Last, First, Middle Initial)

A. Honeywell International PAC

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11C.5218

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Full Name (Last, First, Middle Initial)

A. Campaign Financial Services

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	1	4		

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Transaction ID : SB21B.5196Purpose of Disbursement
SEE MEMO ITEMS

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

206.78

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Campaign Financial Services

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	1	4		

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Transaction ID : SB21B.5198Purpose of Disbursement
PAC Compliance Consulting

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

150.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Campaign Financial Services

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	4		

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Transaction ID : SB21B.5223Purpose of Disbursement
SEE MEMO ITEMS

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

220.23

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

427.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Full Name (Last, First, Middle Initial)

A. Campaign Financial Services

Mailing Address PO Box 30844

City

Bethesda

State

MD

Zip Code

20824-0844

Purpose of Disbursement

PAC Compliance Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SB21B.5224

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Campaign Financial Services

Mailing Address PO Box 30844

City

Bethesda

State

MD

Zip Code

20824-0844

Purpose of Disbursement

SEE MEMO ITEMS

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SB21B.5247

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. Campaign Financial Services

Mailing Address PO Box 30844

City

Bethesda

State

MD

Zip Code

20824-0844

Purpose of Disbursement

PAC Compliance Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SB21B.5248

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

74.85

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

65.37

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

05 27

205.59

Diagram illustrating a storage system with two rows of shelves. The top row shows a single value of 205.59. The bottom row shows three values: 102.79, 102.79, and 102.79.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Full Name (Last, First, Middle Initial)

A. Extra Space Storage

Mailing Address 10590 Metropolitan Avenue

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement
PAC Storage

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : SB21B.5199

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Extra Space Storage

Mailing Address 10590 Metropolitan Avenue

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement
PAC Storage

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SB21B.5225

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Extra Space Storage

Mailing Address 10590 Metropolitan Avenue

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement
PAC Storage

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SB21B.5249

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)



25.00

[MEMO ITEM]

MM / DD / YYYY

25.00

[MEMO ITEM]

25.00

[MEMO ITEM]

State: District:

1312.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Bill Gratopp

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Mailing Address 9200 North River Road
Unit 6

City Algonac State MI Zip Code 48001

Purpose of Disbursement
PAC Local Contribution

011

Transaction ID : SB23.5240

Amount of Each Disbursement this Period

500.00

Candidate Name

Bill Gratopp

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MI

District:

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jeff Bohm

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Mailing Address 3453 St. Clair Shores Boulevard

City East China State MI Zip Code 48054

Purpose of Disbursement
PAC Local Contribution

011

Transaction ID : SB23.5230

Amount of Each Disbursement this Period

500.00

Candidate Name

Jeff Bohm

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Friends of Frank Guinta

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement
VOID Political Contribution

011

Transaction ID : SB23.5231

Amount of Each Disbursement this Period

-1000.00

Candidate Name

Frank Guinta

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District: 01

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Full Name (Last, First, Middle Initial)

A. Macomb County Republican Party

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Mailing Address PO Box 380962

City	State	Zip Code
Clinton Township	MI	48038

Transaction ID : SB23.5213Purpose of Disbursement
PAC Local Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

300.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. North Macomb Right to Life

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Mailing Address PO Box 282

City	State	Zip Code
Romeo	MI	48065

Transaction ID : SB23.5215Purpose of Disbursement
PAC Local Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

25.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Paul Muxlow for State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

Mailing Address PO Box 70

City	State	Zip Code
Brown City	MI	48416

Transaction ID : SB23.5211Purpose of Disbursement
PAC State Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

150.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE AMERICAN NETWORK DELIVERING INCREASED CONGRESSIONAL EXCELLENCE (CANDICE-PAC)

Full Name (Last, First, Middle Initial)

A. St. Clair County GOP

Mailing Address PO Box 611695

City	State	Zip Code
Port Huron	MI	48060

Purpose of Disbursement
PAC Local Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.5214

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Tuscola County Republican Party

Mailing Address PO Box 602

City	State	Zip Code
Caro	MI	48723

Purpose of Disbursement
PAC Local Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SB23.5256

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

745.00
